

Montgomery Cares Advisory Board

October 25, 2017 Meeting Notes

MCAB Members Present: Betsy Ballard, Julia Doherty, Stephen Gammarino, Dr. Travis Gayles, Sybil Greenhut, Sharron Holquin, Lynda Honberg, Peter Lowet, Wilbur Malloy, Marie Mann, Agnes Saenz, Langston Smith

MCAB Members Absent: T.J. Senker

DHHS Staff: Tara Clemons, Doreen Kelly, LaSonya Kelly, Paola Fernan-Zegarra, Robert Morrow, Becky Smith

County Council Staff: Linda McMillan

Primary Care Coalition: Rose Botchway, Leslie Graham, Marisol Ortiz, Hillery Tumba

Guest: Uma Ahluwalia, Diana Saladani *on behalf of T.J. Senker* (on phone)

The Chair, Stephen Gammarino called the meeting to order at 6:13pm

Item		Action Follow-up	Person Assigned	Due Date
1.	Approval of Minutes – September 27, 2017 Steve Gammarino <i>Moved by Peter Lowet, Seconded by Agnes Saenz</i> <i>The motion was approved unanimously.</i>			
2.	Chair Report Steve Gammarino Steve outlined the key deliverables for the meeting- <ol style="list-style-type: none"> 1) The DHHS Director, Uma Ahluwalia will discuss the departments programs, the current budget landscape and healthcare environment in the County. 2) At September’s meeting, the Board discussed and ranked the program and advocacy priorities for FY19. The priorities were shared with the joint advocates and will be discussed during the meeting. The Board will need to provide greater detail and funding amounts relative to each initiative. Steve mentioned the County Council HHS Committee breakfast meeting was held on October 18 th . The HHS Boards, Commission and Committee’s (BCC) shared their priorities with the Council members and they were responsive to the issues expressed. Steve asked Agnes to update the Board on the FY19 DHHS Community Budget forum that occurred Tues,			

	<p>October 24th. Agnes shared that Uma presented and shared the FY19 budget predictions. DHHS has been asked to submit a 3% budget reduction based on projections. The Wynn case continues to influence the County's budget through FY19. Uma also mentioned that property tax revenues are down as well. The joint advocates will continue to review its advocacy priorities based on the budget picture and prioritizing health needs.</p> <p>Discussion</p> <ul style="list-style-type: none"> ▪ Peter mentioned that it would be helpful for MCAB to see the statement Agnes shared. ▪ Lynda questioned why property tax revenues would be down if property taxes were increased in FY16? Uma responded that its related to home property sales and recordation taxes that have gone down. 	Share statement presented by Agnes	DHHS Staff	ASAP
3.	<p>Senior Administrator's Report Doreen Kelly See Report and handout</p> <p><u>Monthly Status Report</u> (see handout)</p> <p>Doreen reviewed the data for the Health Care for the Uninsured programs:</p> <ul style="list-style-type: none"> ▪ Montgomery Cares experienced a 9% increase in number of patients seen from July through September and 3.5% increase in number of encounters. If this pace continues, we could potentially exceed our budgeted number of visits for the fiscal year by over 2,000 patients. ▪ Care for Kids had a notable 31% lower enrollment of new children this quarter, compared with first quarter last year. However, the total enrolled to date, 4,347 children, is still 8% higher than this time last year. It is unclear if this dip in number of new children represents a true leveling off or if part of the reason is due to internal reasons including a staff vacancy. ▪ Maternity Partnerships year to date enrollment of 390 teens and women is 11% lower than last year, possibly continuing a trend we had in FY17. It is possible that both Care for Kids and Maternity Partnership enrollments are experiencing these reduced enrollments due to the federal climate of uncertainty for immigrants. ▪ Dental Services increased the number of uninsured residents served by 1% year to date and increased encounters at our 5 clinics by 3%. There is still a significantly long wait list for appointments. ▪ The number of uninsured patients seen under the Homeless Health program was 19% lower than first quarter last year. Efforts continue to explore options with hospital partners to develop a joint approach for the Recuperative Care project. Homeless Resource Day is November 16th. Volunteers are welcome – talk with LaSonya if you are interested. <p>Steve shared that he spoke with Cesar Palacios, Director of Proyecto Salud. Proyecto has experienced a decrease in utilization while in their temporary space; however, they are confident that it will increase. They are scheduled to move into their new facility in January. Doreen expressed thanks to Jennifer Pauk. She located office space in Wheaton for the Behavioral Health staff that works at Proyecto. The space was also able to accommodate County program staff that had been displaced due to the closure of Reddie Dr. as well.</p>			

<p>4.</p>	<p>Speaker: Uma Ahluwalia --Director, Montgomery County Dept. of Health and Human Services</p> <p style="text-align: right;">Steve Gammarino</p> <p>Uma spoke about the political climate and the current healthcare environment which is very uncertain.</p> <ul style="list-style-type: none"> ▪ The Children’s Health Insurance Program (CHIP) and Temporary Assistance for Needy Families (TANF) has yet to be reauthorized. There is also conversation that a TANF executive order on welfare will be coming out. The biggest concern is the CHIP program and the millions of children that would go with health care coverage. ▪ The ACA open enrollment period for 2018 runs from Nov 1, 2017 – December 15, 2017. This is a shorter time than previous years, only 45 days instead of running until January. The President is suspending subsidies and ending penalties for not having insurance which is likely to hurt enrollment. <ul style="list-style-type: none"> ○ People with annual incomes between 100% and 400% of the poverty line qualify for subsidies that offset the cost of their monthly insurance premiums; however, ○ people who make between 100% and 250% of the poverty line can get additional assistance to reduce co-pays and deductibles if they select certain health plans. These enrollees will no longer receive the additional subsidies but likely to have increased premiums. ▪ The state budget has presented challenges as they have experienced a \$700 million shortfall. In the County, we are anticipating a \$30 million shortfall but that doesn’t include union/labor negotiations which is likely to increase that number. ▪ With the challenging budget forecast, Uma advised the Board to carefully consider their advocacy. <p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ Wilbur questioned what was the budget shortfall last year? Uma replied that the Department had a 2% target but the budget did end up increasing. This was due to labor and some grants. ▪ Marie questioned if the grants received were from ACA or the Federal Government? Uma shared that the President’s budget reduction hasn’t happened because were on a continuing resolution. States budget haven’t been approved either. ▪ Peter mentioned that the Health Care for the Uninsured programs have done well in its advocacy based on County Council’s knowledge of the programs. In light of the current federal environment, is there going to be more uninsured even with our best efforts locally? Uma stated that she doesn’t know. The state of Maryland has been good at preserving the ACA. We have to wait until at least December so see the gaps. The County will not be able to close all the gaps because of the competing budget priorities. Programs such as Child Protective Services, Adult Protective Services, School Health and Crisis Center will not be touched in budget reductions. The health care system in Montgomery County would need to caucus and determine who can increase or leverage the services they are providing. 			
<p>5.</p>	<p>Advocacy Priorities: Review and Discuss See Report on MCAB and Troika Priorities</p> <p style="text-align: right;">Steve Gammarino</p> <p>Steve lead the Board into discussion based on the advocacy priorities in each of the program areas.</p>			

<p>Discussion</p> <p>Care for Kids</p> <ul style="list-style-type: none"> Marie questioned the increased amount of funding in specialty care for direct services. Are there children who are not getting access to specialty care? And is there an increased demand in referrals. Staff replied that based on the number of children enrolled and the number of referrals, the demand is increasing. The CFK program has to utilize the Project Access resources when there aren't any specialist available. Additionally, the children in the program are having more complex issues that require a specialist. Lynda questioned if the \$78,000 for Behavioral Health in FY18 became part of the base budget? Staff replied that yes, it is moving forward. Members questioned the policy change of moving the program from a 1 to 2-year enrollment. Doreen mentioned that the Department is strongly exploring this change. <p>Per the Troika document, Steve presented that 1 FTE CFK Specialty Care RN was requested.</p> <ul style="list-style-type: none"> Steve questioned is their both administrative and direct care needs that this person will addressed? PCC staff shared that this person would have an administrative and case management role. Marie questioned does the specialty care position need to be a nurse? The physician will be doing the referral. Marisol noted that its best that the person in this position have a clinical background. Marie questioned there is currently one nurse but the program would like to add another? Marisol answered that yes, the amount of work has increased and it's too much for one person. Lynda noted that more information is needed on what are the top specialties are and the demand. It would be good to have this information at the December meeting <p>Montgomery Cares</p> <ul style="list-style-type: none"> HCLC is getting an update on the status of Behavioral Health. Jennifer can come to a future meeting. The MCares committee is seeking an increased encounter rate. HCLC has proposed increasing the rate as it related to the requirements for 2.0. This would potential mean a \$5 increase request (max) based on 70,000 encounters Lynda questioned what would happen if we didn't increase the number of encounters (for FY18 seeing the current utilization trend)? Doreen replied that it would be a discussion around the 3rd quarter. Money could be moved within the current budget or possibly wait list clients. It would be a collective discussion. <p>Dental</p> <ul style="list-style-type: none"> The Dental advocacy group supports the need for 2 Program Managers, the administrative management structure is currently lacking. The program has a Director and an Administrative Specialist with oversight of 5 dental clinics, 23 staff and 10 plus contractual providers. Members discussed a rate increase for the Dental contractors (the dental program has no Dentist on staff, all are contractors). It was shared that the rate increase is a contractual rate issue and that would be up to the Department. Marie suggested that MCAB request funding be added to the base budget of Dental so they can in-turn 			
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increase rates.

Health Care for the Homeless

- MCAB supports the request for Home Health Aids. The committee is getting more information on the role of the health aids and the number of people it would benefit.
- Currently, Aging and Disability in DHHS utilizes Home health aides. Their Aides role is different than what would be provided under Health Care for the Homeless.

The Board voted on the priorities based on the aggregate number of votes for each it. The top priorities were the following

FY18 MCAB Top Priorities listed in Ranking Order

	Advocacy for FY19	Funding Amount estimated
1.	Montgomery Cares – Immunizations (11 votes)	Up to \$500,000
2.	Increase funded number of encounter 68,000 to 70,000 (10 votes)	\$146,000
3.	Increase funding for Care for Kids direct medical services (9 votes)	\$100,000 – 200,000
4.	Dental – support for 2 Program Manager positions (8 votes)	\$150,000
5.	Homeless – Home Health Aides (3 votes)	\$50,000 – 100,000
6.	Montgomery Cares – increase encounter rate based on supporting 2.0 initiatives (after hours, case mgmt., etc...) (3 votes)	\$70,000 – 350,000*
7.	Care for Kids – support 1 FTE RN Case Manager (1 vote)	\$100,000

*Based on 70,000 visits calculating a \$1 – \$5 increase in the current encounter rate (\$73)

	FY18 Program Priorities <ul style="list-style-type: none"> Dental – Study on dental clinics serving the uninsured in the County (2 votes) Montgomery Cares Behavioral Health Update Increase FPL in Maternity Partnership from 185% to 250% Increasing rates paid to Dental Contractors working in County Dental clinics – <i>may become an advocacy agenda to increase the base funding for the program therefore increasing the rate</i> CFK – increase eligibility from 1 year to 2 years 			
6.	Committee Breakouts Steve Gammarino The committees reported out during the Advocacy priorities discussion instead of meeting separately.			
7.	December’s Meeting & Next Steps Steve Gammarino The Board will not meet in November and the next meeting will be December 13, 2017. Steve encouraged the committees to meet and finalize their advocacy funding amounts by the next meeting.			
8.	Meeting Adjourned at 8:35pm <i>Motion to adjourn: Sybil Greenhut</i> <i>Seconded: Wilbur Malloy</i> <i>Unanimously approved</i>			

Respectfully submitted,



Tara Clemons
Montgomery Cares Advisory Board